FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 740
TOTAL CLAIMS	15	- 20 =	0	x 18 =	\$0
INDEPENDENT CLAIMS	1	- 3=	0	x 84 =	\$0
MULTIPLE DEPENDENT CLAIM PRESENTED				+ 280	\$0
				TOTAL	\$ 740

X Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 740.

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

Harold E. Cole/cak

Telephone: (585) 722-9225 Facsimile: (585) 477-1148 Attorney for Applicants Registration No. 23,014